

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

North County Democratic Unity Political Action Coalition

ADDRESS (number and street)

1531 Grand Avenue

Suite D

☐ Check if different  
than previously  
reported. (ACC)

San Marcos

CA

92078

2463

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00382861

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☒ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Xavier Martinez

Signature of Treasurer

Electronically Filed by Xavier Martinez

Date

01

31

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North County Democratic Unity Political Action Coalition

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		17730.32
(b) Cash on Hand at Beginning of Reporting Period .....	12178.99	
(c) Total Receipts (from Line 19) .....	17582.15	27682.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29761.14	45413.26
7. Total Disbursements (from Line 31) .....	13213.64	28865.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16547.50	16547.50
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North County Democratic Unity Political Action Coalition

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2889.93	10329.93
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	13557.18	15490.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	16447.11	25820.03
(b) Political Party Committees .....	427.63	1155.50
(c) Other Political Committees (such as PACs) .....	300.00	300.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	17174.74	27275.53
12. Transfers From Affiliated/Other Party Committees .....	.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	407.41	407.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17582.15	27682.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17582.15	27682.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13213.64	26385.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13213.64	26385.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2170.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	310.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13213.64	28865.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13213.64	28865.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17174.74	27275.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17174.74	27275.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13213.64	26385.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	407.41	407.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12806.23	25978.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Michele Bain

Mailing Address 2034 Santa Margarita Drive

City

Fallbrook

State

CA

Zip Code

92028-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-249-640-c

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Michele Bain

Mailing Address 2034 Santa Margarita Drive

City

Fallbrook

State

CA

Zip Code

92028-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 8

Transaction ID: SA11AI-249-646-c

Amount of Each Receipt this Period

132.00

**C.**

Full Name (Last, First, Middle Initial)

Michele Bain

Mailing Address 2034 Santa Margarita Drive

City

Fallbrook

State

CA

Zip Code

92028-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 8

Transaction ID: SA11AI-249-659-c

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

162.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Olga Diaz

Mailing Address 2519 Mountain Crest Glen

City

Escondido

State

CA

Zip Code

92027-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Blue Mug

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 8

Transaction ID: SA11AI-225-785-c

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.44

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI-54-565-c

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.44

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI-54-585-c

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional) .....

363.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 8 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 8

Transaction ID: SA11AI-54-592-c

Amount of Each Receipt this Period

21.44

**B.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 8

Transaction ID: SA11AI-54-647-c

Amount of Each Receipt this Period

338.00

**C.**

Full Name (Last, First, Middle Initial)

James Dooley

Mailing Address 1270 Olive Avenue

City

Fallbrook

State

CA

Zip Code

92028-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-54-754-c

Amount of Each Receipt this Period

98.00

**SUBTOTAL** of Receipts This Page (optional) .....

457.44

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 / 35

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Merrill Edelstein

Mailing Address 403 Requeza Street  
Apt. G1City State Zip Code  
Encinitas CA 92024-3713FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 8

Transaction ID: SA11AI-104-626-c

Amount of Each Receipt this Period

460.00

**B.**

Full Name (Last, First, Middle Initial)

James Edmondson

Mailing Address 9717 Thorn Lane

City State Zip Code  
Escondido CA 92029-7639FEC ID number of contributing  
federal political committee.**C**Name of Employer  
QualcommOccupation  
Technical Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 0 8

Transaction ID: SA11AI-1421-727-c

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

James Edmondson

Mailing Address 9717 Thorn Lane

City State Zip Code  
Escondido CA 92029-7639FEC ID number of contributing  
federal political committee.**C**Name of Employer  
QualcommOccupation  
Technical Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 0 8

Transaction ID: SA11AI-1421-728-c

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

760.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Delores Feicht

Mailing Address PO Box 1256

City

Bonsall

State

CA

Zip Code

92003-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI-244-599-c

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Delores Feicht

Mailing Address PO Box 1256

City

Bonsall

State

CA

Zip Code

92003-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 8

Transaction ID: SA11AI-244-778-c

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Law

Mailing Address 1601 Gascony Road

City

Encinitas

State

CA

Zip Code

92024-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 8

Transaction ID: SA11AI-356-624-c

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Carol Law

Mailing Address 1601 Gascony Road

City

Encinitas

State

CA

Zip Code

92024-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 8

Transaction ID: SA11AI-356-712-c

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Ira Lechner

Mailing Address 19811 4th Place

City

Escondido

State

CA

Zip Code

92029-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI-1553-724-c

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Leigh Mahon

Mailing Address 1091 Park Hill Terrace

City

Escondido

State

CA

Zip Code

92025-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Hill Graphics, SelfOccupation  
Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.99

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI-438-633-c

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional) .....

347.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Leigh Mahon

Mailing Address 1091 Park Hill Terrace

City

Escondido

State

CA

Zip Code

92025-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Hill Graphics, Self

Occupation

Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI-438-687-i

Amount of Each Receipt this Period

149.99

In-Kind: Event: Beverage  
& Supplies

**B.**

Full Name (Last, First, Middle Initial)

Leigh Mahon

Mailing Address 1091 Park Hill Terrace

City

Escondido

State

CA

Zip Code

92025-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Hill Graphics, Self

Occupation

Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: SA11AI-438-688-c

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dale Ordas

Mailing Address 300 Carlsbad Village Drive  
Suite 108A

City

Carlsbad

State

CA

Zip Code

92008-2990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ordas ADR Services

Occupation

Mediator/Arbitrator/Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI-42-720-c

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

549.99

**TOTAL** This Period (last page this line number only) .....

2889.93

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	---	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

San Diego County Democratic Party

Mailing Address 8304 Clairemont Mesa Boulevard  
Suite 108

City	State	Zip Code
San Diego	CA	92111-1315

FEC ID number of contributing  
federal political committee.**C** C00402826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	8

Transaction ID: SA11B-81-578-i

Amount of Each Receipt this Period

427.63

In-Kind: Telephone

SUBTOTAL of Receipts This Page (optional) .....

427.63

TOTAL This Period (last page this line number only) .....

427.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

North Central Democratic Club

Mailing Address PO Box 28227

City

San Diego

State

CA

Zip Code

92198-0227

FEC ID number of contributing  
federal political committee.

**C** C00425041

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11C-46-818-c

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Nick Leibham

Mailing Address PO Box 906

City

Rancho Santa Fe

State

CA

Zip Code

92067-0906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nick Leibham, Attorney

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.47

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA15-129-767-e

Amount of Each Receipt this Period

283.47

Telephone Charges

**SUBTOTAL** of Receipts This Page (optional) .....

283.47

**TOTAL** This Period (last page this line number only) .....

283.47

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> SB21B-429-609-e <b>Date of Disbursement</b>																				
Mailing Address      Payment Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City      State      Zip Code Sacramento      CA      95887-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Candidate Name	<table border="1"> <tr> <td colspan="10">533.50</td> </tr> </table>	533.50																			
533.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> SB21B-429-757-e <b>Date of Disbursement</b>																				
Mailing Address      Payment Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	0	8												
City      State      Zip Code Sacramento      CA      95887-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Candidate Name	<table border="1"> <tr> <td colspan="10">309.82</td> </tr> </table>	309.82																			
309.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Barack Obama Store	<b>Transaction ID:</b> SB21B-1634-48-V <b>Date of Disbursement</b>																				
Mailing Address      1000 Progress Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	0	8												
City      State      Zip Code Greenville      OH      45331-8391	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimburse: T-Shirts, Buttons, Committe Fundraising , No Specified Federal Candidate Candidate Name	<table border="1"> <tr> <td colspan="10">994.33</td> </tr> </table>	994.33																			
994.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**843.32**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

City Of Escondido

Mailing Address Utility Billing  
P.O. Box 460009

City Escondido State CA Zip Code 92046-0009

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-384-557-e

Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

33.54

**B.**

Full Name (Last, First, Middle Initial)

City Of Escondido

Mailing Address Utility Billing  
P.O. Box 460009

City Escondido State CA Zip Code 92046-0009

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-384-587-e

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

70.32

**C.**

Full Name (Last, First, Middle Initial)

City Of Escondido

Mailing Address Utility Billing  
P.O. Box 460009

City Escondido State CA Zip Code 92046-0009

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-384-766-e

Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

76.52

**SUBTOTAL** of Disbursements This Page (optional) .....

180.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Complete Campaigns

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Computer Software

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-64-558-e

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Complete Campaigns

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Computer Software

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-64-764-e

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Complete Campaigns

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Computer Software

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-64-708-e

Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

75.00

**SUBTOTAL** of Disbursements This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-64-707-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-64-723-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.50"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-64-755-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.50"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**50.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Complete Campaigns

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-64-756-e

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

33.75

**B.**

Full Name (Last, First, Middle Initial)

Complete Campaigns

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-64-811-e

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

3.75

**C.**

Full Name (Last, First, Middle Initial)

Costco

Mailing Address 26610 Ynes Road

City Temecula State CA Zip Code 92691

Purpose of Disbursement  
Reimburse: Food/Beverage Committee Fundraiser, No Specified Federal Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-10-36-V

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

348.87

**[MEMO ITEM]**

Subitemization of Sarah Hagaman

**SUBTOTAL** of Disbursements This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 26610 Ynes Road</p> <p>City Temecula State CA Zip Code 92691</p> <p>Purpose of Disbursement Reimburse: Committee Fundraising Event Food/Beverage No Specified Federal Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-10-38-V <b>Date of Disbursement</b>  <div> <div>09</div> <div>09</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>71.44</div> </p> <p><b>[MEMO ITEM]</b> Subitemization of Christine Nava</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 26610 Ynes Road</p> <p>City Temecula State CA Zip Code 92691</p> <p>Purpose of Disbursement Event: Food/Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -</p>	<p><b>Transaction ID:</b> SB21B-10-43-V <b>Date of Disbursement</b>  <div> <div>09</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>33.78</div> </p> <p><b>[MEMO ITEM]</b> Subitemization of Christine Nava</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cricket</p> <p>Mailing Address PO Box 66C021</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Reimburse: Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-454-37-V <b>Date of Disbursement</b>  <div> <div>09</div> <div>02</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>260.44</div> </p> <p><b>[MEMO ITEM]</b> Subitemization of Christine Nava</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Stuff	<b>Transaction ID:</b> SB21B-1633-47-V <b>Date of Disbursement</b>																				
Mailing Address 1000 Progress Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Greenville State OH Zip Code 45331-8391	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>0</td><td>5</td><td>0</td><td>0</td><td>0</td> </tr> </table>	1	0	5	0	0	0														
1	0	5	0	0	0																
Purpose of Disbursement Reimburse: Buttons, Stickers, Shirts / Committee Fundraiser, No Specified Federal Candidate Candidate Name	[000] Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Subitemization of Xavier Martinez																				
<b>B.</b> Full Name (Last, First, Middle Initial) Lake San Marcos Convention Center	<b>Transaction ID:</b> SB21B-428-35-V <b>Date of Disbursement</b>																				
Mailing Address Lake San Marcos Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Lake San Marcos State CA Zip Code 92078	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	7	0	0	0	0	0														
7	0	0	0	0	0																
Purpose of Disbursement Reimburse: Venue Rental Deposit Committee Fundraiser, No Specified Federal Candidate Candidate Name	[000] Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Subitemization of Nancy Fuller																				
<b>C.</b> Full Name (Last, First, Middle Initial) OCI Retail Computer Sciences	<b>Transaction ID:</b> SB21B-283-581-e <b>Date of Disbursement</b>																				
Mailing Address 1651 S Juniper Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	0	8												
City Escondido State CA Zip Code 92025-6127	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5</td><td>6</td><td>9</td><td>4</td><td></td><td></td> </tr> </table>	5	6	9	4																
5	6	9	4																		
Purpose of Disbursement Computer Software Candidate Name	[001] Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

56.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

OCI Retail Computer Sciences

Mailing Address 1651 S Juniper Street

City  
Escondido

State  
CA

Zip Code  
92025-6127

Purpose of Disbursement  
Computer Software

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-283-762-e

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

56.94

B.

Full Name (Last, First, Middle Initial)

OCI Retail Computer Sciences

Mailing Address 1651 S Juniper Street

City  
Escondido

State  
CA

Zip Code  
92025-6127

Purpose of Disbursement  
Computer Software

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-283-763-e

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

56.94

C.

Full Name (Last, First, Middle Initial)

OCI Retail Computer Sciences

Mailing Address 1651 S Juniper Street

City  
Escondido

State  
CA

Zip Code  
92025-6127

Purpose of Disbursement  
Magnetic Bumper Stickers for Committee Fundraiser, No Specified Federal Candidate

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-283-761-e

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

1340.91

SUBTOTAL of Disbursements This Page (optional) .....

1454.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

San Diego County Democratic Party

Mailing Address 8304 Clairemont Mesa Boulevard  
Suite 108

City San Diego State CA Zip Code 92111-1315

Purpose of Disbursement  
Inkind: Telephone

Candidate Name  
San Diego County Democratic Party

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☒ Other (specify) ▼ Retire Debt -

Transaction ID: SB21B-81-578-i

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

427.63

B.

Full Name (Last, First, Middle Initial)

San Diego Gas & Electric (SDG&E)

Mailing Address PO Box 25111

City Santa Ana State CA Zip Code 92799-5111

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-386-580-e

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

409.25

C.

Full Name (Last, First, Middle Initial)

San Diego Gas & Electric (SDG&E)

Mailing Address PO Box 25111

City Santa Ana State CA Zip Code 92799-5111

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-386-588-e

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

45.24

SUBTOTAL of Disbursements This Page (optional) .....

882.12

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.** Full Name (Last, First, Middle Initial)  
San Diego Gas & Electric (SDG&E)

Mailing Address PO Box 25111

City Santa Ana State CA Zip Code 92799-5111

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-386-649-e  
Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

476.58

**B.** Full Name (Last, First, Middle Initial)  
San Diego Gas & Electric (SDG&E)

Mailing Address PO Box 25111

City Santa Ana State CA Zip Code 92799-5111

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-386-758-e  
Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

540.22

**C.** Full Name (Last, First, Middle Initial)  
United States Postal Service (USPS)

Mailing Address Postmaster  
PO Box Fee Payment

City San Marcos State CA Zip Code 92069

Purpose of Disbursement  
PO Box Rental

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-5-566-e  
Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

21.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1037.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

United States Postal Service (USPS)

Mailing Address Postmaster  
PO Box Fee PaymentCity State Zip Code  
San Marcos CA 92069Purpose of Disbursement  
Postage, Committee Fundraiser, No Specified Federal Candidate

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-5-703-e

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Uribe Printing, Inc

Mailing Address 2900 Adams Street  
Suite A20City State Zip Code  
Riverside CA 92504-4390Purpose of Disbursement  
Printing: Committee Fundraising Invitations No Specified Federal Candidates

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1365-706-e

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Amount of Each Disbursement this Period

555.05

C.

Full Name (Last, First, Middle Initial)

Merrill Edelstein

Mailing Address 403 Requeza Street  
Apt. G1City State Zip Code  
Encinitas CA 92024-3713Purpose of Disbursement  
Fundraising Event: Cash Prize Volunteer Outreach, No Specified Federal Candidate

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-104-567-e

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 0 8

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

1115.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Nancy Fuller

Mailing Address 9717 Thorn Lane

City  
Escondido

State  
CA

Zip Code  
92029-7639

Purpose of Disbursement

Reimburse: Venue Rental Deposit Committee Fundraiser, No Specified Federal Candidate

Candidate Name

003

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B-293-607-e

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Nancy Fuller

Mailing Address 9717 Thorn Lane

City  
Escondido

State  
CA

Zip Code  
92029-7639

Purpose of Disbursement

Reimburse: Committee Fundraising Beverages No Specified Federal Candidate

Candidate Name

003

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B-293-815-e

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

118.40

C.

Full Name (Last, First, Middle Initial)

Sarah Hagaman

Mailing Address 454 Requeza Street

City  
Encinitas

State  
CA

Zip Code  
92024-6753

Purpose of Disbursement

Reimburse: Food/Beverage Committee Fundraiser, No Specified Federal Candidate

Candidate Name

003

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B-194-608-e

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

401.00

SUBTOTAL of Disbursements This Page (optional) .....

1219.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Leigh Mahon

Mailing Address 1091 Park Hill Terrace

City Escondido State CA Zip Code 92025-5206

Purpose of Disbursement  
Inkind: Event: Beverage & Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-438-687-i

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

149.99

B.

Full Name (Last, First, Middle Initial)

Xavier Martinez

Mailing Address 1531 Grand Avenue  
Suite D

City San Marcos State CA Zip Code 92078-2463

Purpose of Disbursement  
Reimburse: Buttons, Stickers, Shirts / Committee Fundraiser, No Specified Federal Candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-133-658-e

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1050.00

C.

Full Name (Last, First, Middle Initial)

Xavier Martinez

Mailing Address 1531 Grand Avenue  
Suite D

City San Marcos State CA Zip Code 92078-2463

Purpose of Disbursement  
Reimburse: T-Shirts, Buttons Committee Fundraising, No Specified Federal Candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-133-748-e

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

994.33

SUBTOTAL of Disbursements This Page (optional) .....

2194.32

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Jon Monday

Mailing Address 4441 La Canada Road

City Fallbrook State CA Zip Code 92028-8731

Purpose of Disbursement  
Reimburse: Committee Office Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-28-560-e

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Pablo Mora

Mailing Address 300 N Main Avenue  
Suite 10

City Fallbrook State CA Zip Code 92028-1958

Purpose of Disbursement  
Reimburse: Committee Office Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-424-49-V

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

Subitemization of Jon Monday

C.

Full Name (Last, First, Middle Initial)

Pablo Mora

Mailing Address 300 N Main Avenue  
Suite 10

City Fallbrook State CA Zip Code 92028-1958

Purpose of Disbursement  
Committee Office Rent, No Specified Federal Candidate

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-424-601-e

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Pablo Mora

Mailing Address 300 N Main Avenue  
Suite 10

City Fallbrook State CA Zip Code 92028-1958

Purpose of Disbursement

Telephone/Internet

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-424-691-e

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Pablo Mora

Mailing Address 300 N Main Avenue  
Suite 10

City Fallbrook State CA Zip Code 92028-1958

Purpose of Disbursement

Committee Office Rent No Specified Federal Candidate

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-424-692-e

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Pablo Mora

Mailing Address 300 N Main Avenue  
Suite 10

City Fallbrook State CA Zip Code 92028-1958

Purpose of Disbursement

Telephone/Internet

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-424-704-e

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

**A.**

Full Name (Last, First, Middle Initial)

Pablo Mora

Mailing Address 300 N Main Avenue  
Suite 10

City Fallbrook State CA Zip Code 92028-1958

Purpose of Disbursement

Telephone/Internet

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-424-705-e

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Nava

Mailing Address 858 Calle Montera

City Escondido State CA Zip Code 92025-7966

Purpose of Disbursement

Reimburse: Office Expenses Foamborad

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-215-589-e

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

31.76

**C.**

Full Name (Last, First, Middle Initial)

Christine Nava

Mailing Address 858 Calle Montera

City Escondido State CA Zip Code 92025-7966

Purpose of Disbursement

Reimburse: Telephone Charges

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-215-671-e

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

260.44

**SUBTOTAL** of Disbursements This Page (optional) .....

442.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<b>A.</b> Full Name (Last, First, Middle Initial) Christine Nava Mailing Address 858 Calle Montera	<b>Transaction ID:</b> SB21B-215-693-e <b>Date of Disbursement</b> <div> <div>09</div> <div>09</div> <div>2008</div> </div>
City Escondido State CA Zip Code 92025-7966 Purpose of Disbursement Reimburse: Committee Fundraising Event Food/Beverage No Specified Federal Candidate Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>233.03</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Christine Nava Mailing Address 858 Calle Montera City Escondido State CA Zip Code 92025-7966 Purpose of Disbursement Reimburse: Food/Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Retire Debt -	<b>Transaction ID:</b> SB21B-215-813-e <b>Date of Disbursement</b> <div> <div>09</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>240.06</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Christine Nava Mailing Address 858 Calle Montera City Escondido State CA Zip Code 92025-7966 Purpose of Disbursement Reimburse: Office supplies, Paper, Ink Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Retire Debt -	<b>Transaction ID:</b> SB21B-215-814-e <b>Date of Disbursement</b> <div> <div>09</div> <div>29</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>137.14</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**610.23**

**TOTAL** This Period (last page this line number only) .....

**12449.05**



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nick Leibham for Congress</p> <p>Mailing Address 425 W. 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Proportional Office Rent</p> <p>Candidate Name Nick Leibham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-391-680-I</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nick Leibham for Congress</p> <p>Mailing Address 425 W. 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Proportional Office Rent</p> <p>Candidate Name Nick Leibham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-391-681-I</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nick Leibham for Congress</p> <p>Mailing Address 425 W. 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Proportional Office Rent</p> <p>Candidate Name Nick Leibham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-391-682-I</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County Democratic Unity Political Action Coalition

A.

Full Name (Last, First, Middle Initial)

Olga For City Council

Mailing Address 425 W 5th Avenue

City Escondido State CA Zip Code 92025-4843

Purpose of Disbursement  
Non-Federal Candidate Proportional Office Rent

Candidate Name  
Olga A Diaz

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-461-683-I

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Olga For City Council

Mailing Address 425 W 5th Avenue

City Escondido State CA Zip Code 92025-4843

Purpose of Disbursement  
Non-Federal Candidate Proportional Office Rent

Candidate Name  
Olga A Diaz

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-461-684-I

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Olga For City Council

Mailing Address 425 W 5th Avenue

City Escondido State CA Zip Code 92025-4843

Purpose of Disbursement  
Non-Federal Candidate Proportional Office Rent

Candidate Name  
Olga A Diaz

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-461-685-I

Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

0.00

